Application Number Filing Date **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep. Depend *-*-62 : 11 14 .68 22 -72 24 26 77 79 28 -29. 31 81 -33 34 · 35 38 88 . 40 93 .89 100· Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims